

FD-159 (Rev. 5/98)

## FINANCIAL AFFIDAVIT

Rev. 5/98

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES ☒ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE OF

U.S. v. Nguyen

FOR

AT

LOCATION NUMBER

DOCKET NUMBERS

Magistrate

MD 3-77-869 MB B

District Court

Court of Appeals

PERSON REPRESENTED (Show your full name)

Loi Van Nguyen

CHARGE/OFFENSE (describe if applicable & check box ☒ Felony ☐ Misdemeanor

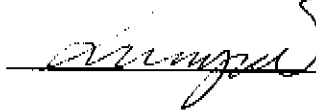
- 1 ☒ Defendant—Adult
- 2 ☐ Defendant—Juvenile
- 3 ☐ Appellant
- 4 ☐ Probation Violator
- 5 ☐ Parole Violator
- 6 ☐ Habeas Petitioner
- 7 ☐ 2255 Petitioner
- 8 ☐ Material Witness
- 9 ☐ Other

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed	
		Name and address of employer: _____	
		IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		RECEIVED	SOURCES
		IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____	_____
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		VALUE	DESCRIPTION
		IF YES, GIVE THE VALUE AND \$ DESCRIBE IT _____	_____

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
		<input checked="" type="checkbox"/> SINGLE		_____
		<input type="checkbox"/> MARRIED		_____
		<input type="checkbox"/> WIDOWED		_____
		<input type="checkbox"/> SEPARATED OR DIVORCED		_____
	DEBTS & MONTHLY BILLS	APARTMENT OR HOME:	Creditors	Total Debt
	(LIST ALL CREDITORS INCLUDING BANKS, LOAN COMPANIES, CREDIT ACCOUNTS, ETC.)	_____	_____	Monthly Paymt. _____
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)


12-17-03

P.B.